PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number						
Effective January 1, 2003														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS								RATE		FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC F	FEE	\$.395	OR	BASIC FEE	\$1790		
TOTAL CHARGEABLE CLAIMS		minus 20=		*			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		*			X42=			OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140	=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in o			column 2	TOTAL				OR	TOTAL		
CLAIMS AS AMENDED - PART (Column 1) (Colum						(Column 2)	-	SMAL	ıF	NTITY	OR	OTHER SMALL		
	×	CLAIMS	V.	HIGH	EST	(Column 3)	1 1		1	ADDI-) 		ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	USLY	PRESENT EXTRA		RATE		TIONAL		RATE	TIONAL FEE	
	Total	. 12	Minus	**	0	=		X\$ 9=	-	,	ØR	X\$18=		
	Independent	NTATION OF M	Minus	***	CLAIM	<u> -</u>		ΧΑ	/		OR	x:88€		
	·	INTATION OF MIC	DETIFICE DET	LINDLINI	CLANVI		' [+140=			OR	+280=		
								TOT.	_		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												٠.	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		ŘATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** ,		=		X\$ 9=	.		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CL AIM	=		X42=			OR	X84=		
	rino i Prese	NTATION OF MC	DETIFIE DEF	ENDENT	CLAIVI	السيا] [+140=			OR	+280=		
	•							TOT/ ADDIT. FE			OR	TOTAL ADDIT. FEE	·	
		(Column 1)		(Colum		(Column 3)	•			*.				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***	OL 4114	=		X42=	1		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	1			+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR [OR ,	TOTAL		
***	f the "Highest Nur	nber Previously Pa ber Previously Paid	id For" IN THI I For" (Total or	S SPACE is	less tha	n 3, enter "3."	. ^	DDIT. FE			′	ADDIT. FEE umn 1.		
		52-0	8 <i>10</i> 3											